

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005976

1. Entity Name

PALM AIRE JAYCEES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 002 ****61.25

Principal Place of Business

Mailing Address

2549 ROSE ST
SARASOTA FL 34239-5429

P.O. BOX 187
SARASOTA FL 34230-0187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0531536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWERY, JERREL E
333 S TAMAMI TRAIL
SUITE 291
SARASOTA FL 34285

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete
NAME AITKEN, VICTORIA
STREET ADDRESS 2549 ROSE ST
CITY-ST-ZIP SARASOTA FL 34239-5429

TITLE President/Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME MEESIT, MARIA
STREET ADDRESS 3232 RIVIERA DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE VICE President/Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME SCHEICHER, TROY
STREET ADDRESS 5845 PAUMA PL
CITY-ST-ZIP SARASOTA FL 34243

TITLE Treasurer/Director ☐ Change ☒ Addition
NAME SAM Herron III
STREET ADDRESS 711 Valencia Rd
CITY-ST-ZIP Venice FL 34265

TITLE P ☒ Delete
NAME DOUGHERTY, SHAWN
STREET ADDRESS 3810 75TH TERR. E.
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME HYMAN, CHERYL
STREET ADDRESS 1837 ROBINHOOD
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VICTORIA AITKEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 941-953-1421

CR2E037 (9/99)